								Application or Docket Number				
		APPLICATIO					ORD		09/	20	Carled	(Dieta
		Effec	ive Octob	eral 20	0318		2000	100) Ø	171	
		CLAIMSA	3 RUEU	19.356			A SI	ALLE	MIL PARTY	M	OTHER	THAN
3064 N		STATE OF THE STATE	(Column	200 - 20		ımn 2\		PE [OR	SMALL	ENTITY
TOTAL CLAIMS					•			RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTR4		. 84	SIC FEE	385.00	OR	easic FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•		[X43=		OR	X86=	
MULT	TIPLE DEPEN	NDENT CLAIM P	RESENT			. 🗆		145=		OR	+290=	
· If in	e difference	in calumn 1 is	less than ze	ero, enter	**************************************	column 2 TOT		OTAL	-	OR	TOTAL	
• If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								UIAL	<u> </u>	Jon	OTHER	THAN
		(Column 1)	MENDEL	PAH - (Colur		(Column 3)	S	MALL	ENTITY	OR	SMALL	
1,	11	CLAIMS	<u> </u>	HIGH	EST		ו ו		ADDI-	1		ADDI-
<u> 4</u>	111816	REMAINING .		PREVIO		PRESENT .		RATE	TIONAL	·	RATE	TIONAL
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5 T	otal .	. 36	Minus	-3	7	-	{	K\$ 9=		OR	X\$18=	
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<u> </u>		REMAINING AFTER		, PREVIO	DUSLY	PRESENT	 	RATE.	TIONAL		RATE	TIONAL
Į.		AMENDMENT		PAID	FOR	180	┨┠╾	113	FEE .	•:		FEE
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THE INCIDENT	ndependent	• 5	Minus	<u> 8</u>	• •	1-10	1 7	43 =		OR	×86≔ ·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											200	
				3/	14	100	: L	145= TOTAL		OR	+290= TOTAL	• •
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• (i th	ne entry in colu	nn 1 is less than th	e entry in colu	mn 2, write	.0. w co	lumn 3,		TOTAL		OR	TOTAL	
- p tt	ne "Highest Nut ne "Highest Nut	mber Previously Pa mber Previously Pa	id for IN THI	s space i	s ress ina s less ina	<i>i</i> 1 ∠V, enter *20. In 3, enter *3,*	ADD	IT FEE L		,	ADDIT. FEE	